

8th and 9th ribs, about four inches below the posterior axillary border. The usual shock and hemorrhage followed. Paralysis of sensation and motion resulted in the lower extremities, and that portion of the trunk below the site of the wound. In about two weeks *bed-sores* began to develop, which eventually laid bare the sacrum, both ilia and both os femora, to nearly their whole extent. Death ensued on February 7th, 1876, 113 days after the injury.

With the assistance of Dr. J. W. Hughes, of this place, I made an autopsy twelve hours after death. Body much emaciated; usual cadaveric rigidity. There were circumscribed softening and enlargement of the right posterior border of the liver; the entire weight of the organ was $4\frac{3}{4}$ lbs.

There was a fistulous track extending transversely across the lower border of the inferior lobe of the right lung, in the direction of the spine, but was closed for about three-fourths of an inch from the surface next the spine.

The spinal column showed no traces of having been penetrated by a foreign body, but on making a longitudinal section of the lower dorsal vertebra, an irregularly flattened leaden missile was found at the site of the 11th dorsal vertebra, on the left side of the spinal canal, and adherent to the membranes of the cord.

The spinal cord was thoroughly softened and disintegrated below the lesion described.

ART. XIX.—*Case of Natural Catalepsy.* By THOMAS H. STREETS,
M.D., Passed Assistant Surgeon, U. S. N.

THE following history is given, not so much to prove that cases of natural catalepsy still occur, as to reflect some light upon the origin of the disease. "The most common exciting cause is supposed to be strong mental emotion, and this may be either acute, or operating through a number of years," says Dr. T. K. Chambers. In this case the cause was evidently not emotional; it had a distinct history, and could be traced back to a very probable origin.

Thomas Lakin, seaman, aged 42 years, and a native of England, was shipped on board the U. S. steamer "Narragansett," September, 1874, at Mare Island Navy Yard, California. He was submitted to a rigid physical examination before shipment, and was pronounced sound and in robust health. He was five feet and five inches high, and weighed about 160 pounds. Complexion fair; hair dark brown and turning gray. He certified in the presence of witnesses that he had no disease concealed or likely to be inherited; an extended after-acquaintance led me to believe that this statement was true, as far as the patient's own knowledge extended. He was always remarked for his retiring disposition. He had been on the ship but a very few days when his actions were noticed as being a little peculiar, and I was requested to observe him, so as to form an opinion in regard to his mental condition. These, however, soon

ceased to attract attention, and we came to regard them as the effects of a recent debauch.

But he still continued very reticent; he never had much to say to others, and did not cultivate acquaintances like the rest; yet he was liked by all, on account of his industry and willingness to always "lend a hand" when anything was being done. On two separate occasions he jumped overboard and rescued two of his shipmates from drowning, and displayed a great deal of coolness and bravery both times. I mention this to show that the man had not one of those excitable, emotional dispositions such as would predispose him to an attack of catalepsy of this origin. At all the times when the attacks occurred he was engaged in some monotonous duty entirely free from excitement. So much for the disposition of the patient.

Previous to shipping in the government service, he had been employed on a steamboat on the bay of San Francisco. While there an accident occurred, which very probably had something to do in giving rise to his trouble; a boiler explosion took place, and the boat was blown in pieces. He stated that he received no injury at all from the explosion, that he was not struck by any of the flying missiles, nor scalded by the steam, but that the only inconvenience that resulted to him in consequence of the accident was to find himself projected into the water by the force of the explosion.

Some time after this occurrence, I do not remember the exact time, but somewhat less than two months if my memory serves me rightly, he began to experience a prickling sensation, a sense of formication, in the region of the occiput.

It was not until after his enlistment in the service of the government, more than a year after the date of the explosion, that he became subject to the fits of unconsciousness. The first attack occurred while he was away from the ship, and while he was on duty in a small boat taking soundings. The account of the attack came to me from the officer who was with him at the time. It was the patient's duty to heave the lead. The officer noticed that he was neglecting his business, and spoke to him in consequence, but received no response; nor did he seem to pay any attention to what was said to him. He was in the attitude which he had assumed in the act of heaving the lead—the left foot planted in advance; the body leaning slightly forward; the right arm extended, and the line held in the left hand. The fingers were partially flexed, and the sounding line was paying out through them in this half-closed condition. The eyes were not set and staring, as is the case in epilepsy; but they were moving about in a kind of wandering gaze, as in one lost in thought, with the mind away off. So much like his natural self did he appear, that his officer again spoke to him, and this time rather harshly, under the impression that he was disregarding his orders intentionally. He

remained standing in this posture for two or three minutes, and maintained his equilibrium, and the boat was in no wise perfectly steady at the time. The whole duration of the trance was about five minutes.

After this he had a number of attacks, but none of them were longer in duration than the first; sometimes they lasted no longer than one or two minutes. Most of them occurred while he was away from the ship, engaged in the same work that I have mentioned above. They did not incapacitate him for duty, but some apprehension was felt lest he fall overboard, and for this reason he was closely watched.

The only premonition he ever had of the approach of an attack was a sense of suffocation, or an inability to breathe; he felt as if the mere effort to breathe would kill him. This did not always precede an attack; he experienced the sensation but once just before lapsing into unconsciousness; generally they came on without any warning whatever. Once he felt sick at the stomach immediately after he recovered consciousness; but as a rule they left him as well as they found him, and he would take up his work just where he had left off, as if nothing at all had happened. No symptoms of nervous derangement were noticeable in the case.

He had several attacks of this character, but none of them were so well marked as the first. Most writers on nervous diseases agree as to the mutual convertibility of catalepsy and epilepsy, and the subsequent history of this case is a further proof of the truth of this statement, and it well illustrates the close relationship there is between them. At first, as I have stated, the attacks were decidedly cataleptic in their nature; but as the disease progressed, they assumed more and more an epileptic character, and before he passed out of my care entirely the catalepsy had become converted into well-marked epilepsy.

The patient had been granted forty-eight hours' liberty on shore, and during that time he had partaken rather freely of alcoholic liquors; but he was not in the state called drunk. He reported himself on board the ship promptly at the expiration of his leave of absence, and he had been aboard but a very short while when I was called upon to see him in a fit. The loss of consciousness in this instance was accompanied by a complete loss of muscular control, and he had fallen to the deck. The face had a livid, cyanosed appearance, and the eyes were fixed and staring; but there were no convulsive movements of the muscles, nor foaming at the mouth. The manner of recovery was also similar to that observed in the cases of "*petit mal*" of the French; he presented the same dazed, confused appearance, like one who has been suddenly awakened from a sound sleep. This attack approached nearer the epileptic form than any he had had before. It occurred about six months after the manifestation of the first morbid symptoms. There was no history of epilepsy in his family that I could learn.

At this stage the case passed out of my care and sight entirely, in consequence of my being ordered to duty elsewhere.

Bromide of potassium in twenty-grain doses, given twice daily, at first, and afterwards reduced to once daily, given at night, controlled the paroxysms completely; but directly this medicine was discontinued they would recur.

Just what are the pathological conditions of the brain that give origin to the diseases of hysteria, melancholia, chorea, catalepsy, and epilepsy, it is impossible to tell in the present state of our knowledge; but it is very evident that they are all very closely allied, and may be produced by the same cause operating either with greater intensity in the individual cases, or through an extension of the primary lesion, thereby involving other centres of the brain.

ART. XX.—*A New Curve for the Gum-elastic Catheter in Prostatic Retention.* By T. H. SQUIRE, M.D., of Elmira, N. Y. (With a wood-cut.)

IN the preceding number of the *American Journal of the Medical Sciences*, Dr. T. C. Wallace, of Cambridge, N. Y., has paid a just tribute to the value of the Nélaton catheter in retention from enlarged prostate. He mentions two cases in which he had used it with the most happy results, and he adds that he had never experienced any difficulty in introducing it. Based upon this experience, he feels justified in "entirely discarding all other catheters." In this hasty conclusion he has suffered himself to be carried too far; for the soft rubber catheter will not, I conceive, always succeed as fortunately as in the two cases which he has reported. The following cases will serve as proof on this point, and will also show the superior excellence of the gum-elastic catheter under certain circumstances of peculiar embarrassment.

On the 2d of October, 1874, I was called, in consultation, to see Mr. H., a farmer 70 years of age, of large frame, but not corpulent. This was his second attack of prostatic retention. His family physician, a gentleman of skill and experience, succeeded on the previous occasion, but now he met with insurmountable difficulties. Only rigid silver and gum-elastic catheters had been tried. On my arrival forty-eight hours had elapsed during which time no water had escaped, and, of course, the tension and distress were very great. I first tried the vertebrated catheter. It passed almost its whole length into the urethra with ease, and then it suddenly stopped. Its beak was doubtless within a short distance of the bladder. Next the Nélaton catheter was tried with the same result. Then I tried the coil catheter of Dr. Cowan, of Danville, Ky., and no better success. Fourthly the watch-spring catheter of Dr. Cowan was tried, and this also failed. Two thoughts now came into my mind almost in conjunction with each other. One was a fear that I might fail entirely, with catheters, and be compelled to use the aspirator; and the other was a